## **FORM A**

## **Request for Certificate of Release**

(prior mortgage)

Date:	·	
FROI	M:	Name:
		Company:
		Street address:
		City, state, zip:
		Phone:
		FAX:
		e-mail:
TO:	lowa 200 E	Guaranty Division Finance Authority East Grand Ave., Suite 350 Moines, IA 50309
		gned requests that the Title Guaranty Division, Iowa Finance Authority, issue a Certificate or the following described mortgage and submit the following information and documents:
1.	]	Indersigned is (check one):  ] a licensed attorney ] a licensed real estate broker, ] a Title Guaranty Participating Abstractor; or ] a person licensed to regularly lend moneys to be secured by a mortgage on real property in the state of lowa.
2.	The n	nortgage was paid in full in accordance with one of the following [select one]:
	[ ] By	someone other than the real estate lender or closer requesting the certificate.  [Attach legible copies of documentation to support this claim; for example, records held by mortgagor or an affidavit by someone who knows the facts.]
	(or)	
	[ ]8	By the real estate lender or closer under a previous transaction.  [Attach legible copies of documentation from the previous transaction showing payment if available or such other evidence as may be available.]
3.	As of of rec	the date of this request for Certificate of Release, no effective mortgage release appears ord.

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4.	The original principal amount of the mortgage was in the amount of \$
5.	The name and last known mailing address of the mortgage servicer is:
	or
	Service by certified mail on the mortgage servicer is not possible because the last know address of the mortgage servicer is unknown and after exercising due diligence the undersigned was unable to locate an address for the mortgage servicer.  [Attach affidavit "FORM C" so stating to this request.]
6.	The mortgage is described and identified as follows:
	Loan number, if known:
	Name of mortgagor(s):
	Name of original mortgagee (lender):
	Date of the original mortgage:
	Recording date of original mortgage:
	Recording information of original mortgage:
	Volume/Book Page
	Instrument Number
	County where recorded:
	Other applicable recording information:
	HE MORTGAGE HAS BEEN ASSIGNED COMPLETE THE FOLLOWING FOR THE LAS GNMENT OF RECORD:
	Name of assignee taking the last recorded assignment:
	Date of the last recorded assignment:
	Recording date of the last recorded assignment:
	Recording information of the last recorded assignment:
	Volume/Book Page
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Instrument Number: _	
County where recorde	ed:
Other applicable recor	ding information:
STATE OF IOWA	
COUNTY OF	<del>-</del>
the averments and statements con attachments. The statements and attachments are true and correct of Release and making the represe will and I am not under the influence could impair my judgment. I ack Request for a Certificate with the a Authority.  The undersigned further to Authority, is solely relying on the to issue a Certificate of Releas undersigned may be held liab inaccurate or in error, either inter	, being first duly sworn on oath depose and state I have read stained in the foregoing Request for a Certificate of Release and averments contained in the request for Certificate of Release and et as I verily believe. I am executing this Request for a Certificate entations contained therein of my own free act and of my own free ce of alcohol, drugs, or any other medication or substance which nowledge that I have adequate authority to make and file this attachments with the Title Guaranty Division of the lowa Finance information that the undersigned is providing in this request e of the mortgage described in this request and that the le for any information that has been provided which is attachmenty, a monetary claim, or other liability, expense
	Signature:
	Typed Name:
	Title:
SUBSCRIBED AND SWORN	NTO before me on this day of, 20
	OTARY PUBLIC in and for said County